

Form Approved 12/99
OMB Control No. 2040-0214

CLASS V WELL PRE-CLOSURE NOTIFICATION FORM**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF GROUND WATER AND DRINKING WATER**

1. Name of facility: _____

Address of facility: _____

City/Town: _____ State: _____ Zip Code: _____

County: _____ Location: _____

2. Name of Owner/Operator: _____

Address of Owner/Operator: _____

City/Town: _____ State: _____ Zip Code: _____

Legal contact: _____ Phone number: _____

3. Type of well(s): _____ Number of well(s): _____

4. Well construction (check all that apply):

☐

Drywell

☐

Septic tank

☐

Cesspool

☐

Improved sinkhole

☐

Drainfield/leachfield

☐

Other _____

5. Type of discharge: _____

6. Average flow (gallons/day): _____ 7. Year of well construction: _____

8. Type of well closure (check all that apply):

☐

Sample fluids/sediments

☐

Clean out well

☐

Appropriate disposal of remaining fluids/sediments

☐

Install permanent plug

☐

Remove well & any contaminated soil

☐

Conversion to other well type

☐

Other (Describe): _____

9. Proposed date of well closure: _____

10. Name of preparer: _____ Date: _____

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